



07-27-05

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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/639,011
Filing Date	08/15/2000
First Named Inventor	Olof LARSSON
Group Art Unit	2141
Examiner Name	KANG, PAUL H
Attorney Docket Number	AWAPP002

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers # (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply 12 pages	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition #	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> 1-Check of \$60.00
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input checked="" type="checkbox"/> Return Receipt Postcard	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm
or
Individual name

IP Creators

Signature

Charles C. Cary Reg. #: 36,764

Date

July 25, 2005

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as 'Express Mail Post Office to Addressee' under 37 CFR 1.10 with Express Mail: ED710508468 addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313 on this date:

July 25, 2005

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Charles C. Cary

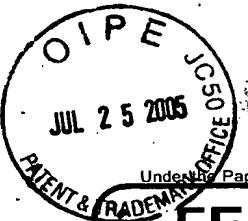
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FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 60)

Complete if Known

Application Number	09/639,011
Filing Date	08/15/2000
First Named Inventor	Olof Larsson
Examiner Name	KANG, PAUL H
Group Art Unit	2141
Attorney Docket No.	AWAPP002

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number Deposit Account Name Charge Any Additional Fee Required
Under 37 CFR 1.16 and 1.17 Applicant claims small entity status.
See 37 CFR 1.272. Payment Enclosed: Check Credit card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 750	2001 375	Utility filing fee	
1002 330	2002 165	Design filing fee	
1003 520	2003 260	Plant filing fee	
1004 750	2004 375	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	

SUBTOTAL (1) (\$ 0)

2. EXTRA CLAIM FEES

Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid
			-20 =	-20 x	\$0
			-3 =	-3 x \$100	\$0
					\$0

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 84	2201 42	Independent claims in excess of 3
1203 280	2203 140	Multiple dependent claim, if not paid
1204 84	2204 42	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0)

*or number previously paid, if greater; For Reissues, see above

Complete (if applicable)

Name (Print/Type)	Charles C. Cary	Registration No. (Attorney/Agent)	36,764	Telephone	(408) 850-9585
Signature				Date	July 25, 2005

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